GREAT-WEST HEALTHCARE HSA QUALIFIED HDHP COVERAGE

Option IV

MEDICAL BENEFIT SUMMARY FOR STATE OF WYOMING

GENERAL SERVICES	WYOMING PROVIDERS** **(Providers in Wyoming network reimbursed at 85%; Wyoming non-network providers reimbursed at 80%)	OUTSIDE WYOMING ** **(GWH network providers reimbursed at 80%; non network providers reimbursed at 60%.)
Physician Visit	85%/80% after calendar year deductible **	80%/60% after calendar year deductible **
Coinsurance	85%/80% **	80%/60% **
Calendar Year Deductible If family coverage applies, the entire family deductible must be met before the plan will pay benefits for any individual within the family.	$1,500 individual plan $3,000 family plan	$1,500 individual plan $3,000 family plan
Preventive Care • Immunizations • Routine physicals • Basic Gynecological care • Lab and X-ray charges for preventive care are paid at 100% regardless of provider and subject to maximum allowable cost.	100% $400 maximum per calendar year per member; $600 in first year of life	100% $400 maximum per calendar year; $600 in first year of life
Pharmacy Plan	80% after calendar year deductible	
Durable Medical Equipment	80% after calendar year deductible	80% after calendar year deductible
Lab & X-ray Services **(**Reimbursed based on network status of referring physician**)**	85%/80% after calendar year deductible	80%/60% after calendar year deductible
Emergency Room Care	80% after calendar year deductible	
Ambulance	80% after calendar year deductible (Air ambulance services have a maximum payable of $5000.00 per trip)	
Breakpoint Amount	Individual plan: $10,000 Wyoming and network providers/$15,000 non network providers outside of Wyoming Family plan: $20,000 Wyoming and network providers/$30,000 non network providers outside of Wyoming	
Lifetime Maximum	$2,000,000 per member	
PPO Out of Area Services	Services rendered outside of any PPO geographical area are paid at 80% of maximum allowable cost, subject to the deductible and breakpoint amount.	
HOSPITAL SERVICES		
Inpatient Hospital Services • Requires pre-certification	85%/80% after calendar year deductible	80%/60% after calendar year deductible
Skilled Nursing Facility Care • 180 days per calendar year maximum • Requires pre-certification		

This chart highlights your Great-West coverage; please refer to your Wyoming State Employees' & Officials Group Insurance Plan booklet for a complete description of your plan benefits. Contact Member Services at (800) 685-1060 if you have any questions.

Great-West℠ HEALTHCARE

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Outpatient Hospital Services • Outpatient Surgery • Including anesthesia • Requires Precertification • Ambulatory Surgery	85%/80% after calendar year deductible	80%/60% after calendar year deductible
Hospice Care 180 days per lifetime paid	100% no deductible	100% no deductible
Home Health Care • 100 visits per calendar year maximum	100%	100%
Office Surgery	85%/80% after calendar year deductible	80%/60% after calendar year deductible
MENTAL HEALTH AND CHEMICAL DEPENDENCY SERVICES		
Inpatient: • 30 days Substance Abuse Lifetime Maximum • 60 days Mental/Nervous Maximum per Lifetime • Requires pre-certification	85%/80% after calendar year deductible	80%/60% after calendar year deductible
Outpatient: • 50 visits Maximum per Calendar Year • 420 vists maximum per Lifetime	85%/80% after calendar year deductible	80%/60% after calendar year deductible
THERAPY SERVICES		
Outpatient Physical Therapy, Speech Therapy, Hearing Therapy and Occupational Therapy combined benefit • $2,000 paid per calendar year maximum	85%/80% after calendar year deductible	80%/60% after calendar year deductible
Spinal Adjustment Therapy • $1,125 per calendar year maximum	85%/80% after calendar year deductible	80%/60% after calendar year deductible
ADDITIONAL SERVICES		
Family Planning • Tubal Ligations and Vasectomies • Requires pre-certification if non-office • Includes infertility testing for diagnosis only	85%/80% after calendar year deductible	80%/60% after calendar year deductible

All services are subject to eligibility and plan provisions at time of service including but not limited to maximum allowable cost.

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